

# THE MEDICAL AND SURGICAL REPORTER.

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## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

#### TREATMENT OF FISSURES AND ULCERS OF THE RECTUM AND ANUS WITH THE AID OF AN IMPROVED RECTAL SPECULUM.

BY W. S. WATSON, M. D.,  
Of Matteawan, N. Y.

Fissures and irritable ulcers most frequently occur on the posterior aspect of the anus or rectum, and occur for the most part in persons of costive bowels or hardened stools, by which means the mucous membrane is abraded or lacerated. This process daily repeated not unfrequently results in what is called or known as fissures of the rectum or painful ulcers of the parts, which condition is not unfrequently associated with hemorrhoidal diseases, though distinct, and requiring widely different treatment for a successful cure. A mistaken diagnosis is productive of perhaps more suffering than almost any other local disorder to which we are subject. In our search for rectal diseases, a mistake is more easily made than discovered. Just how a differential diagnosis can be arrived at without ocular inspection is, we confess, beyond the reach of our conception. In other words: Is it possible to know the real pathological condition without careful inspection? Can a correct diagnosis be arrived at without the aid of a speculum to admit light? Can sufficient light be admitted into the numerous intricate folds of the lower rectum without dilatation to the extent to efface these folds? Will our pretentious

brother tell us how it is possible to find a small fissure situated within one of the deep folds without distension, or with the aid of a small cylindrical or tubuliform speculum, that does not mechanically dilate the parts which are naturally contracted, to efface these natural folds of which there are a number? These are usually found one on the right and one on the left, opposite the middle of the sacrum. The largest of the natural folds and the most constant projects backwards from the front part of the rectum opposite the base of the bladder. When the fourth fold is present it is usually located about one inch within the anus on the back part or posterior aspect of the rectum. This one of all others is most vascular, and being situated nearest the outlet is easiest found by pile-searchers, consequently receives more punctures from the hypodermic needle than all others. (In fact, a small tubuliform speculum seldom if ever reveals anything more through their single fenestra or opening.) We believe it to be quite a difficult matter to differentiate one of these natural folds or a portion of one of them from an abnormal growth, except by the carefullest examination, and with the aid of good light. These folds do not long retain their natural appearance. After a portion once gets wedged through the fenestra of a speculum, their natural vascularity rapidly increases so as to in a few moments' time make it practically impossible to discriminate between such a constricted fold and that of a vascular tumor, except it be by a careful comparative examination of other parts at the same time, which can only be done with the aid of good light, and free distension of the parts by mechanical manipulation. A

rent in the mucous membrane must, we think, positively be seen to be apprehended and successfully treated. Unless local treatment is resorted to a cure is impossible in consequence of the periodical evacuations of hardened feces over the parts. The rent or ulcer is consequently prevented from healing, and that which at first was only a slight abrasion of the mucous membrane soon becomes a decided ulcer. It is not uncommon to find hemorrhoidal tumors at the verge of the anus in connection with these fissure troubles. Hence the frequent mistaken diagnosis. Too often the small tumors at the verge of the anus are looked upon as the whole trouble, and should blood occasionally appear on the evacuations, the difficulty is at once conceded to be bleeding piles. We believe fissure of the rectum in the female oftentimes is produced during confinement by the attending force exerted by her and the distension during the delivery of the foetal head. This condition being most frequently met with in women who have borne children forces the conclusion.

The symptoms peculiar to this affection are so well marked that it is surprising why the real condition should go on unsuspected, as it does many times, for months—even years—until the constitutional symptoms are so well marked as to leave no longer a doubt as to the seriousness of the case. The patient's health runs down, he becomes irritable, peevish, is easily fretted, loses flesh, becomes anæmic, and is depressed in spirits—these are among the constitutional symptoms that should lead to a proper investigation. As a rule, sufferers from fissure of the rectum think their sufferings all due to hemorrhoids alone; they are forced to believe such is the case from a lack of knowledge, and their having frequent discharge of blood and matter from the parts; and pain while at stool, an intense suffering after the bowels have been evacuated, a smarting or burning is to them conclusive oftentimes. The sufferer's diagnosis has been confirmed by the attending physician, who has hazarded an opinion on the strength of the patient's statements without ocular inspection—a weakness by far too common among the profession. We think it safe to say that when a patient complains of a great amount of suffering and a burning pain following defecation, his trouble is seldom piles alone; surely there are some complications, and we insist that a careful examination be made, and not a digital one alone. A careful ocular inspection is the only positive means of arriving at facts. The surgeon who ventures an opinion

without it, hazards his own reputation and brings the treatment of this class of ailments into disrepute, and entails an unmentionable amount of suffering on his patient; for it is a fact that such ulcerative troubles of the rectum are unquestionably progressive—simple at first, and a cure easy, in time it is not simple, and will, with an unerring certainty, wear out a patient's health. The pain and irritation attending the disease, and the ultimate effect on the nervous system, is more than most people can bear; yet it is wonderful how long the attendant suffering is endured rather than submit to an examination. It is no less wonderful to find fissures or painful ulcers of many years' standing, especially in women, who, through delicacy, have concealed their real condition—delicacy on the part of the patient, censurable timidity of the attending surgeon—has prevented discovery of the real complaint until the patient's condition is ruined for want of a careful ocular examination. Had an examination been made sooner, much valuable time would have been saved, as well as deeper ulcerations prevented. Often after months of needless delay, such patients fall into other hands, when a searching examination reveals the fact that the ulceration extends through the integument, and a small, if not a large and painful fistula is found—a serious complication for an already broken-down constitution.

Aside from delicacy and timidity, there is one other pertinent reason for the non-discovery of many of the diseased conditions of the parts under consideration—namely, a want of better and more efficient means of diagnosis. An attempt to diagnose the presence of slight ulcerations within the rectum with the finger alone, we consider mere guesswork, nothing more. Our experience warrants the conclusion, notwithstanding there are medical men who claim to be possessors of fingers sufficiently sensitive to positively detect their presence. We confess ours are not entirely reliable: sometimes we have been right, other times wrong. And we are afraid, judging from the sequelæ following the treatment by others, that they too have placed too much confidence in a sensitive finger. We are unable to conceive of but one positive means of diagnosis—that of *seeing* the real condition of the parts, with the aid of such a rectal speculum as will afford an unobstructed view. Such devices heretofore have been quite unsatisfactory. They have all come short of the object aimed at; they have been defective in construction, have either been made of too fine fingers or blades, or have had blades that

were too narrow to serve the purpose, others have been made of cylindrical tubes of glass or rubber. In the first place, they do not give the needed support against the walls of the parts to prevent a bulging of the folds to obstruct the view. Bivalve speculums are inefficient from narrowness of blades, and in affording only a lateral dilatation; hence the mucous folds of the parts of necessity fall in antero-posteriorly, and almost entirely obstruct the view.

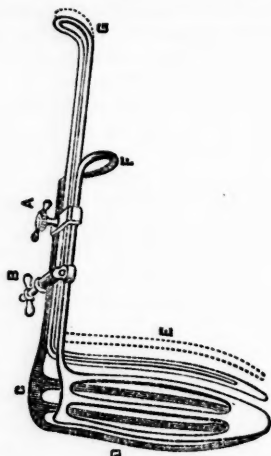
The old-fashioned glass cylindrical speculum of course held apart the folds, but in doing so they cover up about all of the parts. Should they be provided with a fenestra in one side, so much turning and returning is necessary in the attempt to bring to view or finding a diseased spot, that we are more likely to make an abrasion by reason of the mucous folds being dragged through the fenestra than we are to find an old sore. This class of speculums we are sure have done a great amount of injury to the parts by reason of a bulge of the mucous membrane getting wedged through the sharp-edged fenestra. The writer well remembers an experience of this kind that happened in the rounds of his practice. Some years ago, when there were very few other speculums in use, he had occasion to use a rectal speculum. One of the small glass speculums was used, in fact at that time he thought them all sufficient. The speculum was readily introduced to the desired depth and an unsatisfactory examination made. Upon his attempting to withdraw the speculum, it was found to be immovable, and was firmly held in place by reason of a bulge or fold of the mucous membrane, which had got wedged through the fenestra. So firmly was the instrument held that it was with difficulty he got the parts disengaged, and not until after his patient had suffered quite an amount of pain, and no doubt some laceration of the parts. After such an experience he decided that such imperfect devices were unsafe to use. He verily believes they have done a great deal of harm in the hands of others, for doubtless others have had a like experience. Rectal speculums, to meet the requirements, must of necessity possess the following advantages: They must be so constructed as to afford an equal antero-posterior and lateral dilatation, and give sufficient support against the loose folds of the parts to prevent a possibility of their bulging and obstructing the view. They are best made of wire, flattened in part to form the blades or valves, which on their exterior when closed should be cylindrical in form, the bet-

ter to facilitate rotating within the parts when necessary, and should be self-retaining, with no part or place where the mucous folds can possibly be caught and injured by introduction, expansion, or removal.

With this end in view, and recognizing a necessity for something better, we have had made by the well known firm of Tiemann & Co., instrument makers of New York, a model of an instrument that we feel sure meets the requirements for examinations and successful management of the several diseased conditions of the parts under consideration. These speculums are most perfect dilators. They are made with three fingers or blades of flattened steel, but in such a way as to make each finger or blade concave on its inner surface, and convex on its outer, with eight supports against the walls or folds, and are so constructed that each finger or blade is separable in their transverse diameter, with a contraction on the exterior of the blades suited to the position and action of the sphincter muscle, which said contraction, together with their lightness, makes them self-sustaining, wholly dispensing with the necessity of an assistant to hold the speculum in place while operating on the parts. With the aid of such a device for exposing to view the diseased parts, the treatment of fissures is made comparatively simple. All ulcerations or fissures are readily seen, and can be thoroughly cleansed of all feculent matter preparatory to making such applications as are required. After a thorough cleansing of the parts, such applications or operations as are required may be made through numerous openings between and through the spaces in the blades.

Before making any examinations or treating any disease of the rectum the lower bowel must be freely washed out by free injections of warm water, the washing must be continued until all particles of feces are washed out. Before an operation is to be made for a radical cure of fissure, the entire intestinal track should be cleared of all accumulations by free purgation preceding the time for operating and preparatory to the washing out of the lower part of the rectum. It is our preference that the patient be placed in the Sims position. Before introducing the speculum a small amount of vaseline should be applied to the verge of the anus, also on the blades of the speculum that have already been closed to the smallest possible transverse diameter, when the conical point can be easily passed through the sphincter by a firm yet not painful pressure to the desired depth, when the contractile

force of the sphincter muscle will accommodate itself to the contraction in the blades, and will hold the instrument in place. The required dilatation laterally is effected by turns of the transverse screw *B* attached to and working across the top of the handle. Antero-posterior dilatation is made by a horizontal movement of the retractor part *G* of the handle represented in the cut by dotted lines *E*. Any amount of dilatation



can, in this way, be obtained and retained. After the required dilatation is effected the fissures or ulcers can be seen and carefully cleansed and dried with the aid of a pledget of absorbent cotton held by a sponge-holder, or better, a pair of uterine dressing forceps. After the parts are properly dried, we, by preference, apply strong nitric acid by means of a stick, carefully avoid touching the surrounding healthy tissues, only the slightest amount possible to apply being necessary, and that must be followed at once with a pledget of absorbent cotton that has previously been saturated with a mixture of olive oil and glycerine in equal parts, which must be placed in close contact to the part operated on by the acid, and held there with a probe while the speculum is withdrawn, the dilating adjustments having already been loosened.

It may seem a little harsh to use nitric acid on these parts. It is true it produces some more pain than applications of stick caustic of silver, but the after-effect more than compensates for the extra suffering. Nitric acid applied to these parts does not produce the same degree of hardness and contraction of tissues as that produced by applications of nitrate of silver stick, and after the separation or slough comes off we have a much

cleaner surface left to heal up; hence our reasons for its use. However, we frequently use a solution of nitrate of silver to slight ulcerations by means of a hair pencil, and have good results at the time of operating. For a radical cure of fissure or ulcerations within the rectum a sufficiently large dose of opium should be given to restrain further movement of the bowels for two or three days, and before the accumulation of two or three days be allowed to pass through the now constricted and partly healed parts, it must be rendered as near liquid as possible by free injections of warm water. After the contents of the bowels have passed, the lower bowel must again be washed out; no particles of fecal matter must be left back to irritate the parts. A second application can be made in the same manner as before, pursuing the same plan throughout until a cure is effected. It should be remembered that a cure largely depends on rendering the evacuations soft and non-irritating, and the washing out after each evacuation all the residue. In fact, we have seen many cures effected by such means alone where the ailment was yet slight and of recent origin and the patient otherwise healthy. To effect a cure, even in the simplest cases, the plan has to be long continued and thoroughly carried out. No hardened feces must be allowed to pass over the diseased spots, for at each passage of hardened feces the lower part of the rectum is so greatly distended that all partly healed rents are torn open afresh, and the healthy granulations are scraped off; new irritation is added, and cicatrization is of necessity retarded.

In conclusion, we again insist that it is mere presumption for a surgeon to attempt to diagnose many of the diseased conditions of the rectum digitally: an accurate diagnosis is only arrived at after a careful ocular inspection. A false delicacy that prevents such an examination is radically wrong, and has brought the treatment of this class of ailments into disrepute among the laity; yet a majority of such afflictions are amenable to treatment, frequently requiring only a trivial operative interference for a cure, once the real pathological condition is known and understood by the attending physician or surgeon.

November, 1886.

—The Aargau Grossrath has resolved upon using a part of the money resulting from the abolition of nunneries, for establishing a cantonal refuge for incapacitated and crippled paupers of both sexes.



## MEDICAL SOCIETIES.

NEW YORK ACADEMY OF  
MEDICINE.

Regular meeting, December 2, 1886. A. Jacobi, M. D., President, in the chair.

**Nomination of Officers.**

Among those nominated for office were: For President, A. Jacobi, M. D., A. L. Loomis, M. D., John C. Dalton, M. D., and Cornelius R. Agnew, M. D., who declined. For third Vice-President, E. D. Hudson, M. D., and W. H. Draper, M. D.

**A Phthisical Lung Injected with Carbolized Iodine.**

Dr. J. Blake White presented the left lung of a young man who had died of pulmonary phthisis in October last. He had suffered from night-sweats, profuse expectoration, cough, emaciation, loss of appetite, etc. All of these symptoms improved after the intra-pulmonary injections of carbolized tincture of iodine, with a little morphine and atropia added. The site of the injections, which were three in number, and made at intervals of about a week, being over a pulmonary cavity near the apex of the left lung. No reaction followed, and the aforementioned benefits were observed. Dr. White's term of service having then expired, the injections were discontinued, and the patient died six weeks later. Cicatrization was noticed to have been promoted by the injections. Dr. White referred to the contribution to the subject of intra-pulmonary medication in phthisis by Dr. Pepper and others.

**Laryngeal Diphtheria—Intubation and Pathological Anatomy.**

Dr. W. P. Northrop read a paper in which he gave a brief outline of the pathological anatomy in eighty-seven cases of death from laryngeal diphtheria during five years at the New York Foundling Asylum, and considered the subject of intubation of the larynx for the relief of laryngeal stenosis. Of the eighty-seven cases fifty were in females and thirty-seven in males, and the average was two years and seven months. The greatest mortality was from three to four years, thirty-six of the patients dying at this age. Fifty-six of the eighty-seven cases began with symptoms indicating that the membrane made its appearance in the larynx either before or simultaneously with that in the pharynx. In thirty-one cases the average time from the commencement of the

diphtheria to the beginning of croupy symptoms was two and a fourth days. In fifty-four cases the average time from the beginning of croupy symptoms until death was three and four-fifths days. Of the eighty-seven cases those accompanying or following measles were twenty-two; scarlet fever, eight. In fifty-four cases there was pneumonia. The cases in which the lesions were not plainly declared during life had been subjected to a post-mortem and microscopical examination, and the diagnosis made according to the findings. As a rule, bronchopneumonia was found. It was difficult to attribute death to any one factor when there was such a complication of conditions, such as sepsis, bronchitis, pneumonia, and nephritis. In twenty-nine of the cases there was sufficient pneumonia to account for death; twenty-seven of the patients were believed to have died from the extension of the diphtheria into the bronchi. The usual temperature at the highest was 104° to 105° F. The distribution of the membrane had been as follows: In nine it extended from the tip of the nose to the finest bronchi; in six, from the nose to the bifurcation of the trachea; in seventeen from the pharynx to the finest bronchi; in seventeen also from the larynx to the finest bronchi; in seventeen also from the pharynx to the main bronchi; in seventeen again in the larynx and trachea; in three it was limited to the pharynx and larynx; and in one to the larynx. Interstitial emphysema was found in eight cases, and pronounced vesicular distension in nine.

In the spring of 1881, Dr. O'Dwyre commenced experimenting on the cadaver with intubation of the larynx, and during the past five years he had so far perfected his method that the operation could be performed without a great deal of difficulty, particularly after an experience on the cadaver; it did away with the necessity for an anæsthetic, a trained assistant, the making of a fresh wound, and the fear inspired by tracheotomy; it relieved laryngeal dyspnoea; the parents and friends readily gave their consent to the operation; twenty-eight and a half per cent. of the reported 165 cases of laryngeal diphtheria operated upon by this method for the relief of stenosis had recovered. It had only two objections: one being the embarrassment which the child experienced in swallowing liquids, but which, to a large extent, was usually overcome; the second being the possible danger of pushing the membrane before the tube when introducing it, and thus blocking the trachea. But the latter objection was also applicable

to tracheotomy. The tube to be introduced varied in size according to the age of the patient, and accompanying the set was a mouth-gag, an introducer, an extractor, and a scale indicating the size to be used. The relief following the introduction of the tube was very marked and gratifying to the parents, who, on account of the great improvement in the patient's condition, at once hoped for recovery; but the physician should not allow himself to be deceived and make a favorable prognosis unless the improved condition continued at least forty-eight hours.

Dr. Francis Huber related eleven cases of laryngeal diphtheria in which he performed intubation of the larynx after the development of marked stenosis. Four of the eleven recovered; one was still wearing the tube. Dr. Denhard had likewise operated in eleven cases, five recovering.

Dr. A. S. Hunter had intubed the larynx in two cases of laryngeal diphtheria, and having had previous experience on the cadaver, he found no difficulty in introducing the tubes. He thought the patient could swallow a considerable quantity of fluid with the tube in the larynx better than a small quantity.

Adjourned.

### THE BALTIMORE ACADEMY OF MEDICINE.

Stated meeting, November 16, 1886.

#### Calcification of Coronary Arteries.

Dr. James Carey Thomas said a case had recently occurred at the Almshouse that he considered interesting. The patient, while walking across the floor, suddenly dropped, absolutely dead. Autopsy revealed calcification of coronary arteries and calcification elsewhere in the heart. It has been pointed out that in those cases in which death is instantaneous the trouble will usually be found in the heart.

Dr. J. J. Chisolm said deaths arising from lesions in the brain are never instantaneous.

Dr. Thomas said he was anxious to know what the autopsy had revealed as the cause of death in the case of Dr. Richardson, of Philadelphia.

Dr. Van Bibber related a very amusing experience that he had had in the early days of his medical career. He was suddenly called upon to do a post-mortem examination on a young colored woman who had died suddenly on the street. He, after procuring the assistance of four of his young medical brethren, proceeded to find the cause

of death. The autopsy was begun at about ten o'clock on a very warm summer morning, and ended the next afternoon at four o'clock, and he has not yet discovered what was the reason for the woman's death. His description of the method employed for removing the spinal cord was exceedingly amusing, especially as after hours of labor the cord was removed, an unrecognizable mass. He said that this experience had been recalled to his mind by the very strong contrast between the methods employed for these operations at that time, and those used at the present date.

Dr. G. Lane Taneyhill said he did not think the improvements on these methods were all of very recent date, as in 1864, during his service in the civil war, the instruments employed at autopsies were of a very convenient design.

Dr. John Uhler has seen so much blundering by general practitioners who pretend to make post-mortem examinations that he has concluded that when an autopsy is to be made, it should be referred to some one especially trained in this work.

Dr. James Carey Thomas said as regards the case of fracture of cervical vertebrae referred to by Dr. Van Bibber that he had been informed that no definite opinion as to the true nature of the bony lesion had as yet been given, and that the tissues were now undergoing manipulation preparatory to his histological examination.

#### A Contribution to the History of Hydramnios.

Dr. Robert T. Wilson closed the exercises of the evening with a very exhaustive paper with the above title.

#### An Anecdote of the Late Dr. Wakley.

Mr. Edmund Yates tells a story of the late Dr. Wakley, who, it appears, was one of the *habitues* of the *bals masqués* which used to reign in London in the days of Julien and his band. On one occasion he appeared dressed as the devil—horns, tail, and other Satanic accessories. Having met with a cheerful reception from almost everybody—for, Mr. Yates says, he was brimful of fun and animal spirits—he at last addressed a languid swell, who looked with infinite disgust on the giddy throng. "Who are you?" inquired the swell. "Can't you see? I'm the devil," said Wakley. "Then go to—your kingdom," replied the swell, and the doctor was not seen for the remainder of the evening.

## EDITORIAL DEPARTMENT.

## PERISCOPE.

**Undeveloped Sexual Organs and Congenital Defect of Tonsils.**

Before the Clinical Society of London, Mr. A. Pearce Gould read a paper on a case of Undeveloped Sexual Organs, associated with Congenital Defect of the Tonsils. It was that of male, aged 27, over six feet high, slender, with fair, soft, smooth face, a boy's voice, and no hair on his face. The penis and both testicles were small, but the right epididymis was thickened, which Mr. Gould attributed to a blow on the part when the boy was eleven years of age. The prostate could scarcely be felt through the rectum, and the seminal vesicles could not be felt. The man had no sexual desire; the only sign of any sexual activity was occasional slight priapism. There was an oblique inguinal hernia on the right side. The pillars of the fauces were close together, and only very small tonsils could be seen or felt between them. Mr. Gould said the case raised the question whether there was any intimate connection between the tonsils and the testicles. It was a popular notion that excision of the tonsils before puberty endangered virility, and Dr. Shorthouse, quoted by Dr. Ogle, was named as a writer who spoke of such an effect as a matter of common observation. The shrinking of enlarged tonsils, and the cessation of repeated attacks of tonsillitis at puberty, were adduced in support of the influence of sexual maturity upon these organs. On the other hand, in Zanzibar, where all boys have their tonsils excised, the testicles are well developed, and the operation now is so common that, were it liable to be followed by such a grave result as non-development of the sexual organs, abundant evidence of this fact would be forthcoming. The removal of an enlarged organ was different from its imperfect development, and might be attended with different results. Mr. Gould had seen two women with absent or undeveloped ovaries, and in whom the tonsils were of full size; and Dr. Langdon Down, who had seen many cases of imperfect sexual development, had not observed any associated change in the tonsils.

Mr. Thomas Bryant considered that there was no special relationship between the atrophy of the tonsil and testicle.

Dr. Felix Semon agreed with this opinion,

and said that the size of the tonsil was very variable in the adult, and appeared to have no relation to virility. There might well be a remote connection between the tonsils and the testicles. Enlargements of adenoid tissue anywhere had a tendency to disappear after puberty. Authors had described cases of defective development of the tonsil associated with longitudinal slits in the anterior arches of the soft palate.

Mr. Warrington Haward, speaking of the alleged connection between the tonsil and testicle, said that in tonsillotomy removal of a portion of hypertrophied tonsil was all that was practiced. What would happen to the testicle if the whole of the tonsil was removed could not be stated. In his opinion the man had as much tonsil as many virile individuals. That there was some connection between the activity of the genital organs and of the tonsils he could not doubt; in many women the process of menstruation was attended with temporary swelling of the tonsils.

Dr. Hingston Fox thought the atrophy of the tonsils and that of the testicles were mere coincidences. The diminution in size of the tonsils at puberty was but part of a general diminution of organs composed of adenoid tissue, and might be attributed to a lessened demand for leucocytes. At the period of menstruation there was general slight temporary congestion of lymphatic tissues.

Mr. Rickman J. Godlee asked whether the patient had had mumps.

Mr. Pearce Gould could not say for certain whether the man had had mumps; the past orchitis was believed to be due to a blow from a cricket-ball.

**A Boy with Unilateral Proptosis.**

Before the Ophthalmological Society of the United Kingdom (*Brit. Med. Jour.*), Mr. G. E. Walker showed a boy, aged sixteen, with a certain degree of proptosis of the right eye. His history was that he had slipped down some stairs, and had hit his head so as to render himself unconscious for three days. There had been no bleeding from the ears or nose, or other proof of fracture. On recovery, he noticed a swishing noise in his head, and, five months later, his right eye became engorged and protruded; the left also was for a little while unduly en-

gorged. The disease had been slowly progressing since it was first noticed. The diagnosis lay between a communication between the artery and the cavernous sinus and a true aneurism. He had been in favor of tying the common carotid artery, but Mr. Hutchinson and Mr. Holmes had advised delay, and he was anxious to hear the opinion of the members of the Society.

Mr. Hutchinson thought that Mr. Walker deserved the very highest praise for his zeal in bringing from so great a distance on this and on many previous occasions cases to illustrate points in his practice. He was very much interested in the case of proptosis, having seen the boy two months previously. The diagnosis lay between an aneurism of the carotid artery and a communication between the artery and vein; the turgescence of the retinal veins was very marked, and from this and other facts he believed there was a communication between the artery and the cavernous sinus. It was a question what would be the advantage and what the degree of success from ligature of the common carotid; his own opinion was that ligature would not succeed. It was to be remembered, also, that cases sometimes lasted a great many years without serious inconvenience, and the boy was in good general health, and did not really suffer from more than the discomfort occasioned by his appearance and the noise in his head.

Dr. Brailey had seen a very similar case in which double proptosis had come on after an injury.

Mr. Eales mentioned a case in which an orbital aneurism developed after an injury to the head in a coal-mine, and a large visible pulsating tumor, with a murmur and thrill in it, rapidly appeared. Iodide of potassium having failed, the question of operation was raised, but it was decided to wait, and, before the next consultation, the noise in the head suddenly ceased, and the pulsation, murmur, thrill, and proptosis disappeared. It was evident, therefore, that spontaneous cure might take place. He asked whether, in this case, digital pressure had been tried.

Mr. Frost referred to the case he had shown some years previously, in which the symptoms had existed for over thirty years.

The President said that, five years previously, he had tied the common carotid artery in a case of this kind, but the symptoms had reappeared within the last year, and he had seen that happen before. The diagnosis, he thought, depended upon the character of the murmur heard; if continu-

ous, it indicated arterio-venous communication; if intermittent, an aneurism. He agreed with Mr. Hutchinson as to the chronic nature of the disease. A case of Mr. Bowman's showed the difficulties of diagnosis. A woman who had all the symptoms of orbital aneurism had her common carotid artery tied, and died a few days later from secondary hemorrhage. On examination, it was found that the symptoms had been due, not to aneurism, but to thrombosis of the cavernous sinus.

#### Aneurism of the Artery of the Sylvian Fissure.

A case of aneurism of the artery of the Sylvian fissure has been reported to a Norwegian medical journal by Dr. A. Linboe. The patient, a woman aged forty-nine, came to Gaustad Asylum with melancholia. She had had a cardiac affection for many years. Besides melancholia, she complained at times of pain in the head and a feeling of irritability. There was some distortion of the face, the angle of the mouth being drawn down. One afternoon the patient became suddenly ill, entirely losing consciousness. A puffiness of the cheeks was observed. The left pupil was dilated, and did not react to light; the right pupil was also reactionless. There were slight convulsions, and the woman died at 11:45 p. m. The distortion of the face, which had disappeared, was again present immediately after death. Eleven hours after, a necropsy was made. The anterior portion of the right parietal convolution was covered with a thin layer of coagulated blood. Over the whole of the left hemisphere there was a more or less thick layer of blood, especially in the left Sylvian fissure, where it had a thickness of about five centimetres; on the interior of this, a nodular aneurismal enlargement of the artery was found, about three centimetres in diameter. There was but little atheroma in the trunk of the artery of the Sylvian fissure on the left side, but a considerable amount of it on the corresponding artery on the right side.

#### A Cow that Gives Down Milk Punch.

One of the novelties in Paris is a big wooden cow built in front of a *café*. The milkmaid milks a stream of milk-punch into a glass, and a placard proclaims the following astonishing fact: "France has sent Bartholdi's Goddess to America, and America gratefully sends in return a milkmaid."



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D. G. BRINTON, M. D.,

115 South Seventh Street, Philadelphia, Pa

THE  
QUARTERLY COMPENDIUM  
OF  
MEDICAL SCIENCE.

The attention of our readers is especially called at this season to the **QUARTERLY COMPENDIUM**, which we publish.

It is, in fact, a supplement to the **REPORTER**, being made up of articles which have not appeared in the weekly, but yet are of value and interest to the physician.

It contains about 150 pages of reading matter in each number, and the whole four numbers, embracing 600 pages of choice material, will be sent to paid-up subscribers to the **REPORTER** for the very moderate price of

**ONE DOLLAR.**

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Address DR. D. G. BRINTON,

115 South Seventh Street Philadelphia.

THE CONTAGIOUSNESS OF SCARLET FEVER.

The name of Meigs is so intimately associated with all that pertains to the diseases of children that any utterance is received with great weight. Dr. Arthur V. Meigs stands prominently forward as an authority on the diseases of childhood, not only because of reflected fame from his great father, but because of his individual efforts in this direction. Hence, if Dr. Meigs avows a dangerous belief, it is much more calculated to do harm than were the same pernicious doctrine enunciated by a lesser luminary. And Dr. Meigs has enunciated a most dangerous doctrine, and one which cannot be allowed to pass unchallenged. Before a recent meeting of the Philadelphia County Medical Society, this author read a paper on the "Contagiousness of Scarlet Fever," in which he endeavored to demonstrate that the disease was not nearly so contagious as was commonly supposed, and that an unnecessary degree of anxiety and dread existed among the public on this score. He was, apparently, not very decided in this belief, for he still advocated that it would be well, when one child is taken sick, that the others should be removed, providing they can be kept away for *three months*. His arguments are not strictly logical, for he bases his belief in the lesser contagiousness of scarlet fever on the fact that he has rarely seen the other children in a family taken with the disease when one has been seized; but he says that scarlet fever is not contagious in the early stages, and it is in this very point, coupled with the prevalent fear of the disease, that we find the immunity which he attributes to non-contagiousness. The very fear of the community is its safeguard, for when one child is taken sick the others are usually kept away from it, and as the disease is not contagious in its early stages, they thus escape. It is true that Dr. Meigs cited some cases where intercourse was kept up, yet the disease did not spread. We have known some soil that would not grow potatoes, yet we did not find therein an argument that the ground was not the proper place to plant them. A very general discussion followed the enunciation of these remarkable views, and it was clearly evident that the majority of those present did not share in them. We feel that the public should be, at all times, urged to the greatest caution in all contagious diseases; isolation we know is the most potent means of preventing their spread; and it is an evil hour for the community when a physician, and particularly one of

authority, tells them that they have been unnecessarily solicitous in this respect.

## NOTES AND COMMENTS.

### Annual Subscriptions Due.

Our readers will please remember that on January 1st many of their subscriptions fall due for the ensuing year. We trust that they will forward the amount promptly, as this action on their part will increase the efficiency of the management, and save the disagreeable necessity of "dunning" at a later period. We therefore particularly request that *all* whose subscription expires December 31st, will remit as early in January as possible. If bills are wanted, send us a postal card with the request.

### Epitheliomatous Tumor of Cæcum.

In the *Progrès Médical* of October 9th, a rare case of primary cancer of the cæcum, occurring in a male, aged 51, is recorded by M. Paul Blocq. Malignant disease primarily attacking this part of the gut is rare, and this case is interesting from the fact that death resulted from perforation of the bowel in the neighborhood of the new growth, producing fatal collapse, and not, as has happened in recorded cases of a similar nature, from obstruction. The patient had, fifteen minutes prior to seeking advice, complained of pain of a stabbing character in the right side. Shortly afterwards, he could detect by the hand the presence of a small tumor, about the size of a walnut. He became rapidly emaciated, and had a cachectic look. He never evinced any special symptoms indicative of grave disturbance of the gastrointestinal tract, no vomiting, no constipation, no diarrhoea. The tumor was not apparent to the eye, but was readily felt by palpation; it was painful to the touch, smooth, somewhat hard, and mobile. The patient died after having been under observation four months, or fifteen months after the development of distinct symptoms. At the necropsy, a small pedunculated sloughing growth was detected close to and invading the ileo-cæcal valve, as also a small perforation in the wall of the gut, which had been the immediate cause of death. The greater part of the neoplasm, owing to putrefactive change, resisted the action of the stains for microscopic examination; those sections, however, which took up the coloring agents revealed the characters of a cylindrical epi-

thelioma. There was no evidence of cancerous disease in any other organ of the body.

### Cases of Renal Surgery.

The following short accounts of two cases, which have been recently operated on, are reported by Mr. Clement Lucas in the *Lancet*. They are illustrative of the renal surgery of the present day, and the fact that they are reported so briefly proves that these operations are becoming more frequently performed:

On September 29, Mr. Clement Lucas operated in this hospital upon a married woman, aged thirty-seven, who had been suffering for some years from a painful movable right kidney, which of late had incapacitated her for household duties. She was sent to London by Mr. Cockell, of West Hartlepool. The kidney was exposed through the loin, and stitched to the lumbar aponeurosis. The immediate effect of the operation was to completely remove the pain. The wound healed primarily, except at one spot (where a stitch afterwards escaped), and she remained free from pain up to the time she left the hospital.

On October 29, Mr. Lucas performed nephro-lithotomy upon a patient sent by Mr. Waller, from Sydenham. She was an unmarried woman, aged thirty-nine, who had suffered from symptoms of renal calculus for six or seven years. A conical stone, seven-eighths of an inch in its two longest diameters, was extracted from the pelvis of the right kidney. The wound is now healed, and the patient convalescent. Since the operation the amount of urine has doubled, indicating that previously the conical stone was acting as a stop-cock to the top of the ureter.

### Extemporaneous Examination of Woman's Milk.

The *Journal d'Hygiène* publishes an expeditious proceeding, somewhat empirical perhaps in its nature, for recognizing extemporaneously the quality of the milk of a nurse. This process, suggested by Dr. de Hélot, consists in comparing, by means of a drop-pipette or from the nozzle of a Pravaz syringe; the number of drops which yield a certain volume at 15° C., with the number of drops of water which give the same volume at the same temperature, from the same pipette or syringe. When the milk is of good quality, it gives 35 drops, while water only gives 30. If the milk is of superior quality, the number of drops may rise to 36,

37, or 38. It is prudent to try the milk of both breasts.

#### A Substitute for Quinine.

The *Moniteur des Produits Chimiques* is informed that Professor Fischer, of Munich, after an extended research on the nature and properties of quinine, has discovered that a substance may be extracted from coal-tar which exercises on the human organism an action identical with that of quinine. The substance appears in the shape of a white crystalline powder. Administered in cases of fever, it has the effect of rapidly lowering the temperature, and its efficacy in this respect is stated to be so remarkable as to permit the use of ice to be dispensed with. In the stomach this wonderful powder assimilates with even greater facility than quinine.

#### Renal Surgery.

Mr. Clement Lucas performed nephroraphy in Guy's Hospital, London, on September 29. The patient was a married woman, aged 37, who had suffered from a painful movable right kidney for several years, and of late had been quite incapacitated for household duties. The kidney was exposed through the loin, and stitched to the lumbar aponeurosis. The immediate effect of the operation was to remove the pain completely. The wound healed by primary intention, except where a drainage-tube was inserted, and one of the deep stitches was eventually discharged at this spot before the opening finally closed. She remained free from pain up to the time she left the hospital.

#### Hyoscyamine in Chorea.

Hyoscyamine has been used by Dr. Dana in a large number of cases of chorea, and in the great majority of cases it caused decided improvement, prescribed as follows:

R. Merck's cryst. hyoscyamine, gr. j.  
Aque destillat., ʒj.

M. Sig.— $\text{m}^{\text{viii}}$ . t. i. d., increased to  $\text{m}^{\text{xv}}$ .  
or xx.

Children can generally take twelve or fifteen drops, about  $\frac{1}{8}$  grain, three times a day. In one case a boy of twelve took nearly thirty drops, or  $\frac{1}{4}$  grain, three times daily.

—Dr. Girtanner, of St. Gall, has lately celebrated his sixtieth year as a medical practitioner. He is now 84 years of age, and enjoys excellent health and most active professional life, as well as the deep respect and love of all his colleagues.

### CORRESPONDENCE.

#### Points in Midwifery.

EDS. MED. AND SURG. REPORTER:

In a recent number of your journal, I saw an article by Dr. Mitchell, of Addison, Pa., giving the author's views on midwifery, which contain some points so different from my own experience, that I write to ask if my ideas, derived from an attendance on four or five hundred cases within the past seven years, are at variance with the majority of practitioners or not. He says "nothing is better when the os is rigid than a moderate dose of morphia, using the fingers as a dilator."

I have found in that class of cases that five grains of hydrate of chloral, combined with the same quantity of potass. bromid., or even ten grains of the latter, had a much better effect, without retarding labor, as almost invariably happens after taking morphia. Another very simple remedy which has a happy effect on these cases, is obtained by a slight scratching of the cord-like os with the finger nail, when the pain causes it to become very tense. This will often cause it to become spongy, and dilatation will go on rapidly. I have had only one case of lacerated cervix, and this occurred where the child was born before I arrived, the woman not having more than a half dozen pains, and very severe ones. Forceps I have made use of several times, and the longer I practice the more I am convinced that the accoucheur deserves to be censured when he allows a woman to go through the terrible suffering attending a labor of twelve or twenty-four hours after the commencement of the second stage. The forceps skillfully used never injure, and always relieve. Often ladies request that they be applied when confined, after being relieved by them in a previous labor. When for any reason it seems best to do something to relieve, and it is not advisable to apply instruments, chloroform, inhaled moderately, does well, and does not retard in the slightest. During second stage, with primiparae, it is my custom to use it in nearly every case, unless some good cause, like disease of the heart or lungs, prevents.

One more point—convulsions are controlled in the majority of instances with hypodermatic injections of morphia in full doses, combined with atropia, and when occurring after delivery, it seems to me to be a better remedy.

I fully agree with Dr. Mitchell in his re-

marks regarding the use of the binder, and never feel as easy after leaving a patient without one as when it is properly applied.

H. L. MANCHESTER, M. D.

Pawlet, Rutland Co., Vt.

## NEWS AND MISCELLANY.

### How to Destroy Cravings for Unwholesome Food.

The New York correspondent of the *Phila. News*, writing of Miss Catharine Wolfe, a very rich lady, who is hopelessly ill, says:

"About five years ago she became aware that rich living had started Bright's disease, and that she could not recover, but her life could be prolonged considerably by assiduous medical attention; and so she engaged Dr. William Tod Helmuth at \$50,000 a year to call on her twice a day. Diet was all important, and so Miss Wolfe had to deny herself many accustomed luxuries of the table. She had a curious system of reconciling herself to these deprivations.

"I got the suggestion at a reception given by a stingy woman," she said. 'The sideboard was meagerly set out with viands, and the best dish was lobster. Well, right back of that supply of lobster she had put a picture of a live lobster—a horrid, creepy, repulsive thing. What for? Simply to spoil the women's appetite for lobster. It was a device of economy. From that I got an idea. I would study up the sources of all the food that was bad for me, and so destroy my liking for it. And it has worked pretty well. There isn't much we eat that will bear strict scrutiny.'"

### Time to Have a Good Cry.

A story is told of an old squaw, who, when found weeping bitterly, with an empty bottle in her hand, explained that she "lost a little papoose twenty years ago, and couldn't stand it any longer!"

### Items.

—The water-carts of Lowell are decorated with patent medicine advertisements. An innocent Irishman from the rural districts looked at one the other day, and remarked: "Faith, it's no wondher Lowell is healthy, when they wather the streets with ———'s Sarsaparilla."

—Dr. J. Solis Cohen has noticed a peculiar perversion of the temperature sense of

the tongue and oral cavity, caused by strong solutions of cocaine. While still capable of appreciating heat, the patient cannot recognize cold, and iced water seems of blood-heat, or even warmer.

—An instance of the reckless practice of holding wakes was recently reported to the coroner of Dublin. A physician stated that he found a number of men, women, and children assembled at a wake in Blackhall street, Dublin, where two children had died of malignant scarlet fever.

—Before an English medical society Dr. Sloan exhibited a Hewitt's pessary, which had been incarcerated in the vagina of an aged patient. He detailed the steps taken for extraction, and remarked upon the necessity which rested upon all practitioners to warn their patients that pain, or discomfort of any kind, was a sign to them that the instrument should be removed.

—The Graefe Medal, founded in honor of the great ophthalmologist by the Ophthalmological Society of Heidelberg, is to be awarded every ten years to the person, irrespective of nationality, who has done most to promote the progress of ophthalmology, and the first award has just been made to Professor Helmholtz, the inventor of the ophthalmoscope.

### QUERIES AND REPLIES.

#### FOTHERGILL'S FEVER MIXTURES.

EDS. MED. AND SURG. REPORTER:

E. P. R., Tusculum, Alabama, inquires for formula for Fothergill's Fever Mixture. It is as follows:

R. Acid hydrobrom.,	5j.
Syr. simplicis,	3j.
Aqua pur. ad.,	3j. M.
Sig.—Every hour.	F. J. WHITTEN, M. D.

#### PRESERVATION OF RUBBER GOODS.

EDS. MED. AND SURG. REPORTER:

Your correspondent, Dr. W. N. Sherman, asks for a method of preserving rubber goods in a dry climate. We have experienced the same difficulty in our chemical laboratory, and here we have the additional action of fumes from acids and other chemicals. I have resorted to the expedient of keeping my stock, when not in actual use, in glass jars filled with water, and would suggest that this method might be applied in all cases where soaking in water would not injure the goods.

Lawrence, Kansas.

E. H. S. BAILEY.

#### SPOILING OF RUBBER GOODS.

Under "Queries and Replies," page 704, F. W. N. Sherman, of Arizona, complains of the spoiling of his rubber articles by the dry climate. We live on the shore, 6,000 feet below him, and our rubber instruments soon spoil, and for the reason not of the climate, but because the rubber in these days is so reduced and weighted by heavy powders that there is no life or strength left in it. In a few months it becomes no-elastic and brittle. The American manufacture is worse than the English. I have no doubt that if Dr. Sherman could procure real rubber articles they would stand his climate, since rubber is very little affected by either moisture or dryness. Many rubber instruments of to-day are not worth carrying home. I burst a new syringe bulb the other day the first time I rinsed water through it. Dentists' dam rubber soon becomes powder in the drawer.

Boston, Mass.

E. CHENEY, M. D.

J. A. ST.  
WILLIAM  
(91) Ca  
Mr. J. V.

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A WEEKLY JOURNAL.

EDITED BY D. G. BRINTON, M. D.

Assistant Editor, J. F. EDWARDS, M. D.

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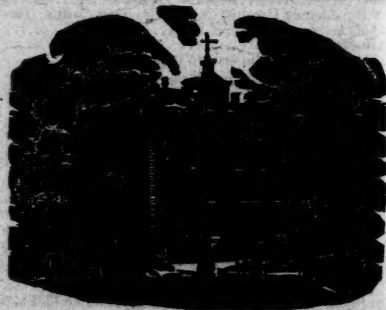
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# A NEW EMMENAGOGUE.

The following is an abstract from a letter written by one of the most prominent gynecologists of the country, to another:

"Thus far no perfect emmenagogue has been discovered, but I regard the manganese as the best I have met with. It should be styled a regulator of menstruation rather than a pure emmenagogue, for it is useful in the absence of the menses, irregularity of their recurrence, and even in excess of flow.

"The preparation which I now employ is McKesson & Robbins' pills of the binoxide of manganese. Of this preparation I give two grains three times a day throughout the month and during the period.

"I also employ manganese in chlorosis and anæmia, and I think that by its use I obtain better results than I have heretofore done by iron." (See *Medical Record* of March 6th, page 274.)

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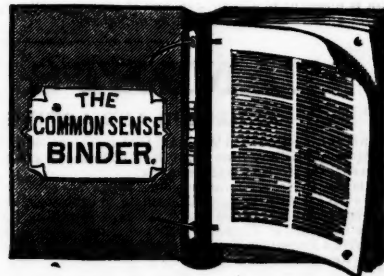
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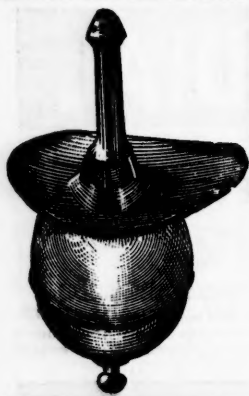
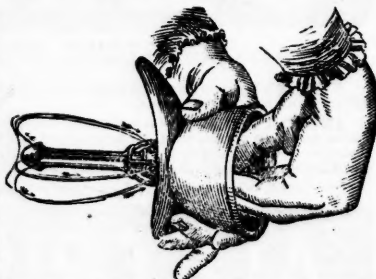
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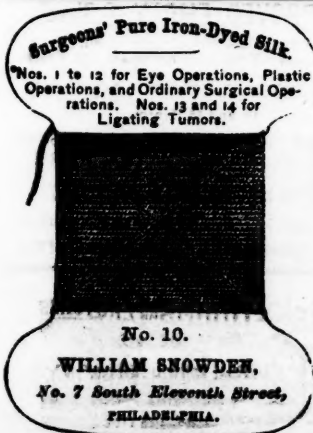
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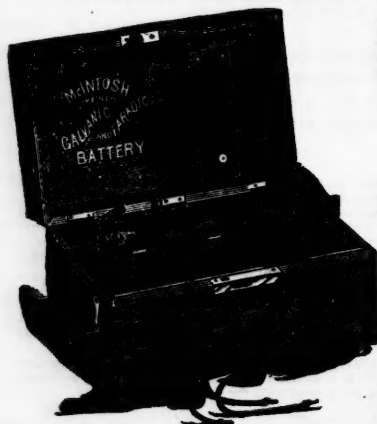
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THE PRELIMINARY SESSION will begin on Wednesday, September 15, 1886, and end September 29, 1886. It will be conducted on the same plan as the Regular Winter Session.

THE REGULAR WINTER SESSION will begin September 29, 1886, and end about March, 1887. The Plan of Instruction consists of Didactic and Clinical Lectures, recitations, and laboratory work in all subjects in which it is practicable. To put the laboratories on a proper footing, a new building has been erected at an expense of forty thousand dollars.

UNIVERSITY BIOLOGICAL AND PATHOLOGICAL LABORATORY.—The Faculty, aided by generous friends, have enlarged the New Laboratory Building and established a Biological and Pathological Laboratory in connection with its Laboratory of Chemistry and Materia Medica. It is furnished with all the apparatus for the study of Bacteriology, and for special lines of investigation.

Two to five Didactic Lectures, and two or more Clinical Lectures, will be given each day by members of the Faculty. In addition to the ordinary clinics, *special clinical instruction*, WITHOUT ADDITIONAL EXPENSE, will be given to the candidates for graduation during the latter part of the Regular Session. For this purpose the candidates will be divided into sections of twenty-five members each. All who desire to avail themselves of this valuable privilege must give in their names to the Dean during the first week in November. At these special clinics students will have excellent opportunities to make and verify diagnoses, and watch the effects of treatment. They will be held in the wards of the Hospitals and at the Public and College Dispensaries.

Each of the seven Professors of the Regular Faculty, or his assistant, will conduct a recitation on his subject one evening each week. Students are thus enabled to make up for lost lectures and prepare themselves properly for their final examinations without additional expense.

THE SPRING SESSION will begin about the middle of March, and end the last week in May. The daily Clinics and Special Practical Courses will be the same as in the Winter Session, and there will be Lectures on Special Subjects by Members of the Faculty.

It is supplementary to the Regular Winter Session. Nine months of continued instruction are thus secured to all students of the University who desire a thorough course.

#### FEES:

For Course of Lectures .....	\$140 00
Matriculation .....	5 00
Demonstrator's Fee, including material for dissection .....	10 00
Final Examination Fee .....	30 00

For further particulars and circulars address the Dean,

**Prof. CHARLES INSLEE PARDEE, M. D.,**  
University Medical College, 410 East 26th St., New York City.

In corresponding with Advertisers, please mention THE MEDICAL AND SURGICAL REPORTER.

# STROPHANTHUS, THE NEW HEART TONIC.

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"Strophanthus," writes Dr. Fraser, "exerts a much more powerful action upon the heart and a less powerful action upon the blood-vessels, than digitalis. \* \* \* In difficulties and embarrassments of the circulation depending upon a central cause, it seems preferable to act on the heart alone, rather than also to increase its difficulties by closing the blood-vessels into which it must empty itself." Strophanthus may "be used with advantage in all weak states of this organ, whatever the cause of weakness," but in case of degeneration, or sufficient compensatory change, it will probably do little good. Dr. Fraser further stated that under its use he had occasionally seen pyrexia disappear, and that very frequently the charts of his apyretic cases exhibited a subnormal temperature.

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**CINCINNATI, OHIO.**

**SESSION 1886-87.**

The Session of 1886-87 will begin **TUESDAY**, September 21, 1886, and continue until March 1, 1887.

This Session comprises a series of Didactic Lectures on all the topics essential to a complete medical education, extensive clinical courses, and ample opportunities for practical work in the Laboratories for Anatomy, Chemistry, Microscopy, etc.

### FACULTY.

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Professor of Principles and Practice of Medicine.  
**BYRON STANTON, M. D.,**  
Professor of Diseases of Women and Children.  
**W. H. TAYLOR, M. D.,**  
Professor of Obstetrics.  
**W. B. DAVIS, M. D.,**  
Professor of Therapeutics and Materia Medica.

**W. L. DUDLEY, M. D.,**  
Professor of Chemistry and Toxicology.  
**N. P. DANDRIDGE, M. D.,**  
Professor of Practice of Surgery and Clinical Surgery.  
**T. W. LANGDON, M. D.,**  
Professor of Anatomy.  
**JOS. EICHBERG, M. D.,**  
Professor of Physiology.  
**W. A. ROTHACKER, M. D.,**  
Professor of Principles of Surgery and Pathology.

For Circulars, address

**J. C. MacKENZIE, M. D., Secretary,**  
**or W. H. TAYLOR, M. D., Dean.**

In corresponding with Advertisers, please mention THE MEDICAL AND SURGICAL REPORTER.

# The Jefferson Medical College

## OF PHILADELPHIA.

THE SIXTY-SECOND SESSION of the Jefferson Medical College will begin on FRIDAY, October 1, 1886, and will continue until the end of March, 1887. Preliminary Lectures will be held from MONDAY, 20th of September.

### PROFESSORS.

**J. M. DA COSTA, M. D., LL. D.,**  
Practice of Medicine.

**ROBERTS BARTHOLOW, M. D., LL. D.,**  
Materia Medica, General Therapeutics, and Hygiene.

**HENRY C. CHAPMAN, M. D.,**  
Institutes of Medicine and Medical Jurisprudence.

**SAMUEL W. GROSS, M. D.,**  
Principles of Surgery and Clinical Surgery.

**JOHN H. BRINTON, M. D.,**  
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**THEOPHILUS PARVIN, M. D., LL. D.**  
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Medical Chemistry and Toxicology.

**W. S. FORBES, M. D.,**  
General, Descriptive, and Surgical Anatomy.

**WILLIAM THOMPSON, M. D.,**  
Professor of Ophthalmology,

**MORRIS LONGSTRETH, M. D.,**  
Lecturer on Pathological Anatomy.

The regular course of lectures by the Faculty embraces the whole medical curriculum. This course is supplemented by the lectures on special topics, and demonstrations of the Spring and Fall terms, respectively.

The Faculty invite the attention of the medical profession and students to their thorough system of practical Laboratory work. To each department of the regular curriculum there is appended a Laboratory Course, carried on in large and thoroughly equipped apartments in the College, by specially appointed Demonstrators, under the immediate direction of the Professor. In this way each candidate for the degree of M. D. is immediately and personally taught in Obstetrics and Gynecology, Physical Diagnosis, Laryngology, Ophthalmology, Medical Chemistry, Pharmacy, Materia Medica, and Experimental Therapeutics, Physiology, Histology, and Experimental Physiology, and Minor Surgery, Bandaging, Operations on the Cadaver, etc., and in the Department of Medicine, "clinical conferences," and practical lessons in Physical Diagnosis. There are, we believe, no corresponding practical courses in any other Medical College in this country—not at least to the same extent and with the same variety and constituting a part of the regular curriculum.

This course of instruction is *free of charge, but obligatory upon* candidates for the Degree, except those who have had such instruction and those who are Graduates of other Colleges of ten years' standing.

THE SPRING COURSE OF LECTURES begins early in April, and ends in June. There is no additional charge for this Course to matriculates of the College, except a registration fee of five dollars; non-matriculates pay forty dollars, *thirty-five dollars of which, however, are credited on the amount of fees paid for the ensuing Winter Course.*

*Desirable opportunities are afforded to graduates of Medicine for pursuing special courses, and for instruction in the recognized Specialties.*

CLINICAL INSTRUCTION is given *daily* at the HOSPITAL OF THE JEFFERSON MEDICAL COLLEGE throughout the year by Members of the Faculty, and by the Hospital Staff, and at the Pennsylvania and other Hospitals several times a week.

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Ticket for all Branches.....	140 00
Practical Anatomy.....	10 00
Graduation Fee.....	30 00
Fees for a full Course of Lectures to those who have attended two full courses at other (recognized) Colleges—the matriculation fee, and .....	70 00
To Graduates of such Colleges, the matriculation fee and .....	70 00
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To Graduates in Pharmacy the general ticket is \$100 for each year.	
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## MEDICAL COLLEGE OF OHIO, CINCINNATI, OHIO.

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- W. W. REELEY, A. M., M. D.,  
Professor of Diseases of the Eye and Ear, Clinical Ophthalmology and Otolaryngology.
- P. S. CONNER, M. D., LL. D.,  
Professor of Anatomy and Clinical Surgery.
- SAMUEL NICKLES, M. D.,  
Professor of Materia Medica and Therapeutics and Clinical Medicine.
- JAMES T. WHITTAKER, A. M., M. D.,  
Professor of the Theory and Practice of Medicine and Clinical Medicine.
- W. W. DAWSON, M. D.,  
Professor of the Principles and Practice of Surgery and Clinical Surgery.
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Professor of Obstetrics, Clinical Midwifery and Clinical Gynecology.
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- JAMES G. HYNDMAN, M. D.,  
Professor of Medical Chemistry and Clinical Laryngology.
- FREDERIC KEBLER, A. M., M. D.,  
Lecturer on Pathology and Hygiene, and Demonstrator of Histology.
- J. L. CILLEY, A. M., M. D.,  
Lecturer on Osteology and Demonstrator of Anatomy.
- E. W. WALKER, M. D.,  
Lecturer on Morbid Anatomy and Demonstrator of Pathology.
- Daily Dispensary Clinics are held in all departments throughout the session.
- The Dissecting Rooms, Chemical, Histological, and Pathological Laboratories are fitted with every convenience. They are open every night, and are supplied with an abundance of material.
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- For Circulars and further information, address

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The 121st Annual Winter Session will commence Friday, October 1, 1886, and continue 7 months.

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Cosmoline (Unguentum Petrolei) melts at about  $100^{\circ}$  Fah. ( $38^{\circ}$  Cent.); and boils at about  $625^{\circ}$  Fah. ( $329^{\circ}$  Cent.); its specific gravity is about 0.875 at  $60^{\circ}$  Fah.

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We have been led to put up quinine and cinchonidia in this form through the great popularity which our Soft Elastic Liquid-Filled Capsules have achieved in the short period since our introduction of them. For those who are familiar with the latter, the Quinine and Cinchonidia-Filled Soft Elastic Capsules will require no commendation.

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